

UCC-1 Form

FILER INFORMATION

Full name: **SUSAN CLARK**

Email Contact at Filer: **SUSAN.CLARK@BANKNEWPORT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE RD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

DEBTOR INFORMATION

Org. Name: **DAN'S OIL INC**

Mailing Address: **66 HOPE AVE**

City, State Zip Country: **HOPE, RI 02831 USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE RD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, INVENTORY AND ACCOUNTS RECEIVABLE NOW OWNED OR HEREAFTER ACQUIRED